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ORIGINAL DEPARTMENT.

Communications.

NITROUS OXIDE.

By H. M. LILLY, M.D.,

Fond du Lac, Wis.

This gas is coming into very extensive use by the dental fraternity, and a growing interest in it is likewise apparent in the medical profession.

For nearly two years a twenty gallon gas holder has been standing in my office, and during that time I have made very frequent use of the gas as an anæsthetic. My experience with it has led me to consider it the very prince of anæsthetics. The only drawbacks to its usefulness lie in the inconveniences of manufacture and manipulation. If the gas is carried from the office, it must be carried in a bulky gas-bag. And the gas-bag that is needed is not an elastic rubber gas bag, but an inelastic flexible bag. The patient does not want the gas blown into his mouth by the elastic force of India rubber, nor does the administrator want the gas wasted by such a futile performance. The patient's respiratory muscles are abundantly able to employ a flexible inelastic bag with ease and tranquillity. Why will not our gas bag makers take the hint and supply the market with a properly made gas-bag for this purpose? After spending twelve or fifteen dollars in obtaining the usual "gas bags" I packed them all away in a drawer where they have lain for a year in oblivion. A "rubber blanket" brought home from the army was cut in two, and with the help of gutta percha for a cement, two inelastic gas bags of eleven gallons each were made, which are still doing me faithful service.

Professor ANDREWS in the November

number of the Chicago *Medical Examiner* has written an interesting article on the mixture of oxygen with nitrous oxide for anæsthetic purposes.

There is a chemical advantage from this mixture as well as the physiological advantages pointed out by Professor ANDREWS. For if any deutoxide of nitrogen is present in the nitrous oxide as an impurity, the oxygen will promptly convert it into nitrous acid, which will speedily be absorbed by the water over which the gas is standing.

But why mix oxygen with the nitrous oxide in proportion of one-half, one-third, one-fourth or even *one-fifth*? One fifth oxygen is the normal proportion of the atmosphere, and since reading Professor ANDREWS' article I have administered the anæsthetic once mixed in this proportion. In this case everything passed off pleasantly, and there was certainly a great improvement in the matter of keeping the blood duly decarbonized during the anæsthesia. The lips and skin, instead of becoming blue, retained their normal color. But as every such mixture dilutes and therefore weakens the nitrous oxide, why not put in *one-sixth* only of oxygen where this mixture is used? We do not need for practical purposes, during the short time that anæsthesia endures, the full allowance of oxygen that our lungs are capable of absorbing. In giving chloroform it is only necessary that a certain percentage of air should be allowed to the lungs to avoid all danger of suffocation. I have filled my receiver with a mixture of *one-sixth* oxygen, and propose to try it as soon as occasion requires.

But how is it about the *liquid* nitrous oxide? Will not Professor VANDER WEYDE, or some other chemist, tell us about the useful apparatus for liquefying the gas, also whether we can handle the liquid safely and

with any more convenience than we do the gas. At least one reader of the REPORTER would be delighted to see an elaborate article on this topic.

ASTHMA: A NEW THEORY AS TO ITS PATHOLOGY.

By H. C. BARNARD, M. D.,
of Charleston, Ill., and author of "A New Theory as to the Cause and Treatment of Asthma," &c.
(IN ANSWER TO DR. J. G. F., OF TEXAS.)

We are told in our books that asthma is caused by the spasmodic action of the elastic tissue of the bronchi and air cells of the lungs; at least that it is spasmodic in its nature. Now while no man has a higher regard for the authority of the great and learned men of the medical profession than I, yet I find so many facts that I cannot reconcile with this theory, both in the phenomenon and its treatment, that I have by a *post facto* reasoning convinced my mind of the fact, that, instead of a spasmodic action, so called, it is in fact the reverse. To arrive at a full understanding of the reasons that induced me to come to this conclusion, it will be necessary to review the anatomical and mechanical structure of the chest. It is well known that the chest is an air-tight cavity; there being but one point at which the air can gain ingress. The inner boundary of this cavity being the pleura or lining membrane, its external walls being partly muscular and partly osseous. This cavity is filled by the lungs, heart, and their large blood-vessels, and these fill it equally in all its variations in size; as the chest expands they expand, receiving more blood and air, and as it contracts they contract, the blood and air passing out. Respiration is in itself mechanical, the result of well-known laws, while the results are chemico-vital.

It has been divided into abdominal or diaphragmatic, and thoracic; in ordinary quiet respiration, which is performed without consciousness, or effort, the act takes place by the descent of the diaphragm, and with enlargement of the abdomen, the thorax remaining almost stationary. In deep, or forced inspiration, these condi-

tions are reversed; the thorax expanding, the abdomen receding, and the diaphragm rising.

Now the respiratory function is influenced by the nervous system in two respects, 1st, in the movements necessary for the entrance of air, and 2d, in the interchanges of the gases between the blood and air.

The nerves more immediately concerned in effecting the necessary muscular action in respiration, are the phrenic, thoracic, and pneumogastric; the two former being motor; the latter combining in its various distributions the functions of a "triple mixed nerve, having out of its own source motor, sensitive, and sympathetic, or ganglionic nerve fibre." The movements of ordinary respiration are necessarily independent of consciousness, and are under the absolute control of the medulla oblongata, which receives the impressions of the necessity of breathing through the pneumogastric nerve, and reflects it, as a nerve centre, to the phrenic and other motor nerves, which brings into co-ordinate and combined action the muscles necessary to inspiration.

But in the extraordinary respiratory acts, such as one sees in dyspnoea, and asthma, the medulla oblongata calls into co-operative action many other muscles in addition to those commonly exerted, and, in fact, almost every muscle of the body may be called upon to act in concert, or in rapid succession, and indeed the peculiar feature of these cases, as I conceive, lies in extraordinary governing power of the medulla oblongata, exerted as a nerve centre, in combining in co-operative action so many nerves, to the one common purpose. Let us now turn our attention to the physical condition of the chest in asthmatic breathing.

In asthma we find the abdomen contracted, thorax distended, and the diaphragm elevated, with a marked depression at the epigastrium. This is just what we find to be the case also in a forced inspiration in health. Now, what caused the diaphragm thus to rise; because there cannot be a vacuum formed in the chest in consequence of the "residual air," and since the chest expands in proportion to the air admitted, it follows that we have a correct rule to determine whether the air enters the

lungs or not, for we always inspire more air in thoracic respiration, whether in sickness or health; and when the air is not admitted the chest will not expand.

Now for the test. Put the tape line around your patient's chest when in health, and direct her to fill her lungs to the fullest extent; repeat this as an experiment when she is laboring under asthma, and you will be astonished to find so little difference, and even perhaps, that difference in favor of the asthma, as I have often proved. Now try the usual test, I mean auscultation, and you will find the usual respiratory murmur either absent or imperfect, notwithstanding the expansion of the chest.

What does this prove? Why, first, that the air enters the lungs; and, second, that asthma is caused by deranged coördinate nerve action, and especially of that function which has to do directly with the chemico-vital interchange of gases between the blood and air; and, 3d, that the so-called respiratory murmur is the result of that interchange of gases. Compare these statements with the well known symptoms of asthma from its inception to the close of a paroxysm. First, we have, as premonitory symptoms, loss of appetite, languor, drowsiness, irritability, etc., followed by flashes of chilliness and heat, until the disease becomes fully developed, when the surface becomes cold and clammy, and often bathed in profuse perspiration; face pale, features shrunken and haggard, pulse small and irregular, urine copious, watery, pale, and without smell, just like the urine of hysterical women. For my life, I cannot make these symptoms harmonize with the theory of exalted nerve action, or, in other words, spasmodic action.

Now it is evident that if the chemico-vital interchange of gases does only imperfectly take place in the lungs, the system will feel the necessity for breathing as acutely as if only one-tenth part of air necessary to oxygenate the blood was admitted. In other words, it is not the amount of air that enters the lungs, but the perfect or imperfect interchange of gases that determines and controls the respiratory movements, and decides the

question, asthma or no asthma. A faulty conformation of chest or peculiarity of system will give the predisposition, and then anything that deranges this chemico-vital action, whether functional or organic, will produce the phenomenon of asthma, as well when applied to their extremities, as to their roots, or in the course of their track, as the smelling of a rose, new mown hay, or ipecac., an eastern wind, damp weather, dry weather, organic lesions, tumors, etc.

In accordance with this theory, of course, anything that will restore this function by establishing harmonial nerve action, will arrest asthma, and in this, as in many other diseases, the system often overcomes both the disease and the treatment, however inappropriate, but instead of relaxants and nauseants, such as tobacco, lobelia, *et sui generis*, I now use *stimulants*, and my favorite is CAPSICUM. This I give both during the paroxysm and *ad interim*, as a prophylactic, and I now have patients who confidently resort to its use whenever they feel any premonitory symptoms of a recurrence of the disease, with almost never-failing success. I say *almost*, for one of my patients has had two attacks in spite of treatment, within three years, whereas he formerly suffered as many times within a month.

The number now using the capsicum under my supervision is eight, and one of this number has used it over eight years. The last time I saw her (four years ago) she told me she now had no fears of asthma, and felt herself perfectly able to control it, and of the remaining seven, none have ever had an attack since using the capsicum, so far as is known, except the case cited above.

I learn that some one in Europe has recently recommended electricity, and I have no doubt of its efficacy, and I now think the addition of strychnia would improve even the capsicum, and I have resolved to test it in the next case I get. Hoping, sir, that you will pardon this long letter, and report the results of your experiments, should you conclude to test it, I am, with most respect, your well-wisher.

A CASE OF AMPUTATION OF THE FOURTH, FIFTH, AND PART OF MIDDLE FINGER, WITH THE USE OF CARBOLIC ACID.

By Wm. F. BUCHANAN, M. D.,
Captain and Assistant Surgeon U. S. A.

The following is given in substance as recorded at time of occurrence of the accident, and during the progress of the case, illustrating the use of carbolic acid in minor surgical operations.

Private P. P. (colored), Co. G, 38th N. J. Infantry, set. 22, whilst standing guard on railroad bridge, 10 miles east of Fort Hays, Ky., on the night of July 31st, 1868, was surprised by the approach of the train, and being unable to get off the bridge in time for the passage of the cars, dropped himself through the bridge and swung by his hands from the cross ties; but in his fright hung by one hand (right) on the track, the entire train passing over it; crushing the bones of the ring and little fingers, and the extremity of the third phalangeal bone of middle finger, lacerating and contusing the soft parts of middle finger and external border of hand. The patient suffered great pain, with much nervous irritability; it was found necessary to amputate the injured parts, and an effort was made to save as much of the hand as possible; one-fourth of a grain of morphia sulphur was administered. In the afternoon the patient was brought under the influence of anesthetics, the fourth and fifth fingers amputated at the metacarpophalangeal articulation by the oval method, and the middle finger in the continuity of the second phalangeal bone, forming a single flap from the anterior surface of finger; there not being sufficient tissue left to form a flap by amputation at the phalangeal joint; the torn parts on the back of the hand and side of middle finger were brought into apposition and retained by the interrupted suture, as well as the flaps of the operation, it did not become necessary to ligate any arteries.

The internal surface of the flaps as well as the whole surface of the contused parts were well washed with a solution of carbolic acid, one part to thirty of water, previous to their being closed; cold water dressing was ordered,

with the occasional use of a weak solution of carbolic acid, one part to 200 of water, and pulv. Doveri, gr. xv. at once.

August 12th. The flap of middle finger has united by first intention, and the torn parts on side of same finger have healed kindly without suppuration, the rest of the hand has not done so well; for the first few days after the operation it did splendidly, and it was thought the whole would unite without suppuration; this, however, was an unfavorable case for a proper test of the efficacy of the carbolic acid treatment, the contusion being so great as to deprive a great portion of the tissues almost entirely of its vitality, and the patient not keeping his hand at rest, or giving it the attention it required; though the healing of the middle finger after amputation of phalanged bone in its continuity, with the attempt at first union of the other parts, would argue its usefulness in properly selected cases.

August 19th. Sloughing of the flaps at the metacarpophalangeal amputation and the border of the hand has taken place, and is very offensive, the phalangeal extremities of the metacarpal bones are fully exposed; the carbolic acid was discontinued, the dead parts of the soft tissues were gradually removed, and sal. soda chlorinata 3j. to aquæ, f. 3vij. applied twice daily, with water dressing.

August 31st. Patient's hand has done well with the use of chlorinated soda, the reparation process being at once established under its use; the sloughs removed and healthy granulations of the whole surface, the exposed bones are nearly covered by good granulations without necrosis.

Sept. 20th. Patient has recovered with a very serviceable hand.

SUCCESSFUL RESECTION OF THE ENTIRE WRIST JOINT AND EXTREMITIES OF THE RADIUS AND ULNA.

By J. J. KNOTT, M. D.,
Late Surgeon P. H. C. S.

Private Speer, Co. C, 53d Reg't, Ga. Vols., Bryan's Brigade, Kershaw's Division, Long-street's Corps, A. N. Va., received in the battle of the Wilderness, May 6th, 1864, a

gun-shot wound through the right wrist. The ball (minnie,) passing from the radial side directly through the joint, fracturing the radius and all the carpal bones. I determined to practice excision in this case with a view of testing the usefulness of the operation. I commenced the operation by making two incisions on inner and outer sides parallel with the ulna and radius. After detaching the soft parts from the carpal bones, I found by the use of a wooden spatula, made for the purpose, the operation much more easily executed than I anticipated. After shaving the carpal bones within half inch of the radius and ulnar, the edges were approximated by means of the interrupted suture and adhesion strips. The arm and hand were now placed in two straight splints applied on the posterior and anterior surfaces, with extension employed to prevent a too close proximity of the meta-carpal bones with the sides of the radius and ulna. This was done with a view of avoiding ankylosis. Owing to the want of proper care after treatment there was some abduction of the hand, though the patient is now following successfully his former occupation, that of a farmer, being able to perform as much manual labor as before the reception of the wound.

Atlanta, Ga., Nov. 21, 1868.

EPIDEMIC OF DYSENTERY.

By F. HORNER, M. D.,

Of Front Royal, Va.

The town of Front Royal, Virginia, is located in the midst of the Blue Ridge Mountains in a low situation, within a mile of the head waters of the river Shenandoah, and 139 miles north-west of Richmond. Three miles south-west of the town is Allen's Cave, which extends 1200 feet. The water which is limestone, or more commonly known as hard, rises near the surface in great abundance. There were heavy rains, and more than wonted vegetation during the late summer, succeeding quickly intense heat which served to check perspiration and induce congestion of the portal circulation. The blood from the exterior vessels became concentrated in the viscera causing dysentery.

The poorer classes suffered by the use of unwholesome food, and when sick were unable to obtain suitable medicines. The events of the late war, we can imagine to have changed the habits of the people, and cut off from supplies of groceries, such as tea and coffee, they have found poor substitutes in inferior articles. The epidemic began in September and continued until the middle of October. It invaded nearly every family, and proved fatal to a third of the number attacked in defiance of all medical treatment. Previously the community had suffered greatly from depressing causes, their dwellings were broken up in the course of the late war, and have not been repaired; relatives upon whom their support depended, have died or been killed, and they have suffered all the evils of siege, camps and marching armies. The contaminated atmosphere, due to defective ventilation and bad sewerage, has contributed to prostrate the vital powers and vitiate the blood.

The disease was marked by loss of appetite, fever, acute griping pains in the abdomen, mucous and bloody stools, pain and great loss of strength. The foetor in a few cases resembled that of a typhus fever patient.

Though not esteemed contagious, its prevalence excited the alarm of all classes to the extent that strangers were advised to remain away until the return of the frosts of autumn. In several families the number of cases were increased by the crowded state of their houses and the lack of cleanliness in them. Persons under adult age suffered the most from the disease.

The treatment at first, in mild cases, consisted in keeping the patient at rest in bed, aided by carminatives of paregoric, powder of kino and lime-water—unctions of sweet oil, and a farinaceous diet. Forms more severe demanded leeching, cups and blisters, blue pill and opium, and a strict antiphlogistic regimen. For adults, DOVER's powder, subnitras of bismuth and pulvis ferri carbonatis furnished a most valuable combination in the latter stages of the complaint. Suppositories of morphia and enemas of mucilage and laudanum helped to assuage pain and to promote the comfort of the patient.

The proximity of the Alum Springs in West Virginia, which were readily reached by the ears, induced the recommendation of a change of residence to the more wealthy convalescent. The benefit was marked, and in a few weeks this class of persons returned to their homes well. The complication in a few instances of tubercular deposits, or from typhoidal symptoms intervening, retarded the process of recovery. Port wine, cod-liver oil and quinine, proved valuable adjuvants in such cases.

In the above details, the aim has been to describe a form of dysentery which prevailed in a rural district, previously healthy, and exempt from any epidemic, to indicate the value of hygienic rules, and to recommend in general terms the above plan of treatment which appeared to arrest the disorder.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Subject for Discussion: CYSTITIS.

Reported by J. W. P. Bates, M. D.

Dr. JAMES H. CURREY opened the discussion by giving a *résumé* of the causes, symptoms, and treatment. He divided cystitis into three varieties—acute, chronic, and gouty. The symptoms enumerated were pain above and behind the pubis, in the hypogastric region, and, in the female, at the external orifice of the urethra, chill and fever, difficult micturition, tenesmus, etc. The urine is but little changed, scanty, and high-colored, and acid reaction, sometimes mixed with blood. Pus may also be found in it if there be parietal abscess. If there be sharp, lancinating pain, the peritoneal and muscular coats of the bladder have become involved, as well as the mucous. Causes—falls, wounds, blows, hard labor in women, stone in the bladder, irritating injections, retained urine, ol. terebinth., tr. canthar., etc. Treatment—bleeding, if strong and vigorous, leeches to the pubis or perineum, saline cathartics, emollient cataplasms, warm hip-bath, cold mucilaginous drinks. If the peritoneal or muscular coats suffer, allow but little fluid, and that warm. Diaphoretics, cit. potass., ant. et potass. tart., Dover's powder, anodyne enemata, etc., may be used to advantage. In advanced stages, blistering cautiously over the pubis is

recommended; ammonia, or ammonia and chloroform will do better, and a mild mercurial impression may be induced. The gouty form differs but little from the other varieties, except in regard to its producing cause. In the treatment we should take this into consideration.

Dr. HELSBY said that acute idiopathic cystitis is a very rare disease. It is usually secondary and dependent upon urinary calculus, enlarged prostate, etc. The chronic form is more frequently met with. The mucous membrane is not readily inflamed. The urine in health is acid, and the mucus acts as a ferment on the urea, and produces ammonia and a large deposit of phosphates. In the treatment, he suggested suppositories as more convenient than injections, and opium or belladonna used in this way is very valuable. He has not much faith in mercury, and thought that in its use in this disease we were governed more by the traditions of the profession than by the experience of to-day. He believes more in quiet and balsamic remedies. The chronic form in old persons is very often incurable.

Dr. CURREY did not wish to be understood as recommending mercury, and only spoke of it in the acute form when other remedies had been tried with little or no effect. Suppositories might increase the trouble, from their unyielding character and from distension.

Dr. HELSBY inquired whether a suppository would produce more distension than an enema. It might be made very small, and then it could hardly be felt in the rectum.

Dr. CURREY would not fear to use either enemas or suppositories. In cases of inflammation of the womb accompanied by cystitis, he uses SCANZONI's irrigator, hop-tea, etc., and they have needed no other treatment except anodynies, as a Dover's powder, or gr. † ext. belladonna.

Dr. FRIEDENWALD said that one important cause had been omitted, viz.: gonorrhœa, which produces inflammation either by the bladder taking on the same action as the urethra, or as the result of stricture. I think a number of cases are produced by direct contagion, and it is important to treat such cases by injections, as it is the gonorrhœa.

Dr. MAGNUS. I have a case of chronic cystitis dependent upon enlarged prostate. The urine is ammoniacal. I have used pareira brava and nitric acid, and introduced the catheter three times in the twenty-four hours. An infusion of green tea is highly recommended, and it may be useful from a small quantity of sulph. copper which it contains.

Dr. HELSBY. More likely from the tannin than from the copper.

Dr. MAUGHLIN. I think that nine out of ten cases of this disease are produced by enlarged prostate.

Dr. STEIN. Would there be any danger in attempting to produce the sedative as well as the astringent effect of acetate of lead by injection?

Dr. CURREY. Injections are recommended by authors, but I have no experience in their use. One thing recommended in the chronic form is powdered calomel. I do not recollect any case in which lead was used. Simply washing out the bladder with warm water, through a double canula, is often useful.

Dr. CHANCELLOR. The great benefit from injections is that they modify the acid qualities of the urine. I have used warm water, and it affords almost instant relief, and has a very beneficial effect.

Dr. ARNOLD. I have never seen a case of pure acute cystitis, but have seen those following gonorrhœa. From its analogy to dysentery, the treatment would seem to be calomel, opium, and camphor. In progressive locomotor ataxia there is often unmanageable cystitis, and no local treatment is of any use except anodynes. Unmistakable anteflexion and anteversion produce all the symptoms of cystitis.

Dr. HELSBY. Has any member present had an opportunity to make a post mortem examination of the bladder after this disease?

Dr. HARTMAN. I once made a post mortem examination in which I found evidences of chronic cystitis. We had no previous history, as the person was comatose when brought to the hospital. There was ulceration of the mucous membrane extending along the urethra, which was denuded for two-thirds of its length. It was a colored soldier, aged 62 or 63, from Fortress Monroe. Dr. HELSBY thinks chronic cystitis is incurable. I know of two or three cases which yielded, one to nitro-muriatic acid, and another to the long continued use of nitric acid.

Dr. ARNOLD. With regard to the use of nitric acid, we know that it is recommended for phosphatic deposits, and these might have been mistaken for cystitis. Ladies frequently pass large chalk stones.

Dr. HELSBY. The phosphates are held in solution by free acid, and when the urine becomes alkaline, they are deposited. It is a nice point in diagnosis to distinguish between these phosphatic deposits and chronic cystitis. I did not say that chronic cystitis is incurable, but it is so

often preceded by and dependent upon irremediable conditions, and thus becomes incurable.

Dr. HARTMAN. I did not say positively that those cases were chronic cystitis, for I recognized the difficulty of diagnosis. The same symptoms may occur from disease of the prostate.

Dr. ARNOLD. The same explanation as that offered by Dr. HELSBY, will answer for those cases following progressive locomotor ataxia. There is paralysis of the parts which supply the bladder, and the phosphates are thrown down and produce this irritation. In these cases we should pay more attention to the causes than to the cystitis itself.

Dr. HELSBY related a case told him by Dr. H. R. STORER, of Boston, in which a physician introduced one of Honor's pessaries into the bladder, instead of the vagina. Dr. STORER removed it by catching one prong in the forceps, and making gentle pressure over the bladder.

EDITORIAL DEPARTMENT.

Periscope.

The Sugar Insect.

Mr. ROBERT NICOL, in an essay on sugar refining, lately published at Edinburgh, remarks:

"Raw sugar should never be used for dietetic or domestic purposes, because it contains organic impurities; and more especially immense numbers of disgusting-looking insects, termed the 'Sugar Insect'—found to be invariably present in raw or unrefined sugar. This insect is known by scientific men as the *Acarus Sacchari*; and when seen by the aid of a microscope, is found very much to resemble the sea-crab in its appearance.

The following are extracts from a pamphlet on the subject by Professor CAMERON, of Dublin:

"The *Acarus sacchari* is a formidably organized, exceedingly lively, and decidedly ugly, little animal. From its oval-shaped body, stretches forth a proboscis terminating in a kind of scissors, with which it seizes upon its food. Its organs of locomotion consist of eight legs, each jointed and furnished at its extremity with a hook. In the sugar its movements from one place to another are necessarily very slow, but when placed on a perfectly clean and dry surface, it moves along with great rapidity. It has been stated that the *Acarus scabiei*, or itch insect, possesses the power of leaping, but all my attempts to induce the *Acarus sacchari* to make a

jump failed, although it was placed in the most favorable positions for the performance of such a feat.

"The disease termed *psora*, or *scabies*, by medical men, but more popularly known by the expressive designation of the 'itch,' is, I venture to hope, only known by name to my readers. It is, I admit, not a nice theme to discourse upon, more especially in connection with such a subject as sugar; but as this malady and its cause are intimately connected with my objection to the use of raw sugar as food, I cannot avoid—even at the risk of offending the sensibilities of some of my readers—alluding to them. So early as the twelfth century, an Arabian physician, named ABINZOAR, observed that a skin disease was produced by the ravages of little insects. They burrowed, he says, beneath the skin of the hands, legs and feet, and produced pustules, containing fluid. From the description of these insects given by ABINZOAR, it is quite evident that they were not 'little lice,' as he terms them, but a species of mite, or *Acarus*. The same kind of insect was noticed some centuries afterward by many distinguished physicians and naturalists, one of whom, named BONOMO, described it by the aid of a drawing, in the year 1683. The itch, then, is proved to be produced by this *Acarus* making burrows beneath the skin, and depositing therein its eggs; and hence the insect has been named the *Acarus scabiei*, or scab mite. Mange in horses, cattle and dogs, and scab in sheep, are essentially the same disease as itch in man. As a general rule the persons most liable to be preyed upon by the *Acarus scabiei* belong to the lower classes—in fact, are members of the 'great unwashed' family: the disease is very rare amongst the middle and upper ranks, and, indeed, wherever the abundant use of soap and of clean linen prevails. Now, it is a note-worthy fact, that grocers' assistants and sugar warehouse-men are peculiarly liable to a kind of itch which affects their hands and wrists, but does not extend to any other part. These persons are usually of cleanly habits, and do not belong to the classes amongst whom the ordinary itch is so prevalent; there is, therefore, but one way of accounting for their tendency to contract that disease—namely, that the *Acarus sacchari*, having, like its congener, the *Acarus scabiei*, burrowing propensities, bores into their skin, and breeds there. The two kinds of *Acaris* resemble each other very closely,* but the sugar insect

appears to be the larger and more formidable. So common is this pustulous disease amongst persons engaged in the 'handling' (*i. e.* mixing) of sugar, that it has been termed the 'grocer's itch'; but I doubt very much that it differs in any specific respect from the ordinary variety of that nasty complaint. My colleague, Dr. SYMES, Surgeon to Dr. STEEVENS' Hospital, assures me that persons suffering from 'grocer's itch' are always to be found amongst the extern patients treated at that institution.

"The number of *Acaris* found in raw sugar is sometimes exceedingly great, and in no instance is the article quite free from either the insects or their ova (eggs.) Dr. HASSALL, (who was the first to notice their general occurrence in the raw sugar sold in London), found them in a living state in no fewer than 69 out of 72 samples. He did not detect them in a single specimen of refined sugar. The results of my examination of the sugar sold in Dublin coincided pretty closely with Dr. HASSALL's experience. In the refined sorts, I found nothing but crystallizable and non-crystallizable sugar, and a little saline matter; in the raw kinds, organic and mineral filth—often in abundance. One of the samples which I examined, contained a larger number of insects than I believe had previously been noticed, or at least recorded, by any other observer. It was sent to me, together with other articles, in May last, (1863), by Mr. HORNER, the master of the South Dublin Union Workhouse, and the following is the report which I made upon it:—I have rarely examined a more inferior sample of sugar; it is, extremely damp, contains a very large proportion of treacle, and a considerable amount of such impurities as sporules of a fungus, particles of cane, albumen, and starch granules. These substances, however, though greatly detracting from the value of the sugar, are not injurious to health. I cannot say as much for another impurity which exists in great abundance in this sample—namely, a species of *Acarus*, closely resembling in appearance and nature the insect which, by burrowing into the skin, produces the itch. It is no exaggeration to affirm that there cannot be less than 100,000 of these insects in every pound of this sugar. In ten grains weight, I estimated no fewer than 500, most of which were so large as to be distinctly visible to the naked eye. It is inconceivable that thousands of these creatures can be introduced into the stomach of a human being without serious endangerment to health. But not only is such sugar as this sample detrimental to health, it is also the least economical kind

* By some authorities they are considered to be identical.

which can be employed. It greatly impairs the flavor of tea and coffee; and its high proportion of water and other useless ingredients lowers its sweetening power to an extent which even its low price fails to compensate for. Many persons believe that coarse brown sugar sweetens better, or, to use the common phrase, 'goes farther' than white sugar; but that is a mistake. A teaspoonful of damp brown sugar will certainly sweeten a larger quantity of fluid than a spoonful of white sugar; but it does so because it is much heavier than the latter; but if equal weights be used, it will be found that the white variety is by far the better sweetener. *The kind of sugar which is both healthful and economical is the dry, large grained, and light colored variety."*

Life Prolonged Fifty-nine Days by Nutritious Injections alone.

As an useful fact for the medical practitioner, we shall state that life may be prolonged for several weeks by nutritive injections alone. Cases sometimes occur, in which, from stricture of the oesophagus, cerebral disease, or wilful intention of suicide, alimentation cannot be performed in the normal way by the mouth and stomach. Then other avenues must be had recourse to; the rectum and skin, by the injection of highly nitrogenized food, and baths containing nutritive substances in solution. That the cæcum does share in preparing pabulum fitted for thorough and complete nutrition, seems to be established by the researches of VIRIDET, TIEDEMANN, GRUENLIN, and others; and the experiments of STEINHAUSEN indicate that the intestinal juices escaping contact with the food in the stomach and small intestines, may arrive in the cæcum, and by their action upon alimentary principles, perform a more or less complete digestion. Clinical facts are not wanting to show that the latter conditions do sometimes exist, and a case to the point is related in the *Deutsche Klinik*, No. 27, 1868, by Dr. RUNGE.

A patient consulted this gentleman for stricture of the oesophagus in May, 1867. After varying success with bougies and local medication, an abscess occurred in the cellular tissue of the neck, April, 1868, and completely blocked up the oesophagus, so that not even liquid aliment could be taken. Injections of yelks of eggs, soups, etc., were made, the patient being kept perfectly quiet; and under this treatment alone, he lived from the 20th of April to the 18th of June, a period of 59 days. In the first week the patient got thin, and complained of

an annoying sensation of thirst; in the third week he felt neither hunger, nor thirst, nor pain, and was but little thinner. The eighth week an inflammation of the large intestines was developed, and the patient died the week following.

Dr. RUNGE thought that had it not been for this intercurrent inflammation, which he seemed to regard as possibly curable, the man's life might have been prolonged several weeks longer. But it strikes us that such would, in all probability, be the result in all cases, from this mode of alimentation, and that his patient lived to the possible limit of life under the conditions.

Frosting.

In the *Journal de Anatomic et Physiologie*, PONCHET gives some experiments on the freezing of animals. He denies the assumption of certain physiologists, that there are animals which can survive complete freezing. Numerous experiments showed him that the blood corpuscles undergo a change, which renders them unfit for performance of their functions. The greater the number which have undergone the metamorphosis, the sooner the animal perishes.

If we push congelation to one half, the animal will live a long time, because the altered corpuscles are kept out of the circulation by stasis of the blood. As soon as we allow it to thaw, however, the sick or changed corpuscles mingle with the rest of the blood, and the animal perishes.

Vaginal Irritability.

At the April meeting of the Paris Medical Society, M. CHARRIER described the following case:

In September, 1867, a young woman was sent to him, who, after four months of married life, could no longer endure coitus. Copulation, at first excessive, became by degrees so painful, that she compares it with a severe toothache; indeed, she fainted occasionally, when the pain was for a moment suspended.

Extr. bellad., extr. opii, tepid baths, etc., were tried without benefit.

On examination, CHARRIER found the hymen ruptured, the myrtiform caruncula not unusually large, no vulvitis, no vaginitis, no dryness of vulva or vagina; shrieks of pain were elicited by touching the caruncula with the end of a sound. The least touch of the same with the tip of a finger, or even with a feather, produced the same effect. An attempt to pass the little finger into the vaginal orifice was resisted by strong con-

tractions, similar to those met with in examinations for fissured anus.

CHARRIER instituted the following treatment: After a bath of two hours duration, she was placed thoroughly in anesthesia; then the bladed speculum (for the removal of polypi), was introduced into the vagina by a screw-like movement, and turned in every direction, as in the forcible dilatation of the anus. Some blood appeared. Then a very thick tent, (*mèche*), covered with extract of belladonna and glycerin, was introduced.

That night coitus took place without pain, and for two weeks it was repeated morning and evening. The husband had since written that his wife remained free from pain, and that she is now three months with child.—(*Algem. Med. Central Zeitung*, No. 58, 1868.)

Spontaneous Cure of Aneurism.

At a late meeting of the Buffalo Medical Association, reported in the *Buffalo Medical and Surgical Journal*, Dr. Lothrop presented two photographic representations of subclavian aneurism with an account of the case. A full report of it can be found in the late work of Dr. JOHN MASON WARREN, but as the details of it in that work might not be seen by many of the members, he would briefly relate its main features. A colored man, about forty years of age, came to his notice, with a tumor in the clavicular region. At that time there were no signs of aneurism except swelling. He subsequently learned that the man had been in the Massachusetts General Hospital, where the diagnosis was subclavian aneurism. The treatment had been applications of ice and pressure of bags of shot. This was employed during the patient's stay, about two months. He then left, and about three months after came under Dr. L.'s care. The large tumor was the seat of great pain, so that he could not lie upon the side affected. The pain he attributes to a fall, which happened shortly before, the shoulder being struck. After a time the pain subsided, but the tumor pointed like an abscess, and finally opened and discharged first, chocolate colored pus in large quantity, and afterwards yellow pus. The opening took place over about the middle point of the clavicle, at which point the clavicle was not entire—a separation having been effected either by fracture or absorption. The patient, after about four months was lost sight of; at that time the swelling had entirely subsided, the purulent discharge had nearly ceased, and the man's health has greatly improved. A year afterwards he was heard of,

being then in good health. The arm was powerless both before and after the rupture of the tumor and was kept in a sling. After the opening of the tumor, there was considerable depression in the space occupied by it.

This remarkable case was one of cured aneurism, with suppuration subsequently excited on receiving a fall. When first seen by Dr. L. it was an abscess in a closed aneurismal sac. It is difficult to say what was the agency in the cure. Whether coagulation by cold or pressure, either exerted directly upon the sac by the bags of shot, or by the combined pressure of the shot bags and the tumor itself upon the vessel. A tumor may by its bulk alone press upon the vessel and stop the current of blood. External pressure would aid this method of cure. It might have resulted from the closing of the aperture in the vessel by a detached portion of the coagulum in the sac, but this seems less probable than that it was due to cold and pressure acting together.

The suppuration within the sac does not appear to have been connected with the means employed to bring about the cure. We cannot say that it was a result of either pressure or cold, especially as it occurred at a long interval afterwards. It probably resulted from the injury done to the sac by the fall, of which mention has been made. It seems probable, also, that at the same time, the clavicle, weakened by interstitial absorption, the result of pressure, was broken.

The cure of subclavian aneurism, either spontaneously, or by measure other than ligature, is well known to take place. Dr. L. stated that he had now under observation a case of what he thought to be spontaneous cure of aneurism of the left subclavian. In this case there was a tumor in the post clavicular space, but it had neither the thrill, the murmur, nor any of the peculiar signs of an aneurism. For several years there had been but little change in it. The patient, a lady, had been told by eminent surgeons, years before, that it was an aneurism, and had enforced great caution as to her actions. She had lived under a constant apprehension of sudden death. For the last year or two she had been less careful and less apprehensive, but still had considered the tumor to be aneurismal. After a careful examination, Dr. L. found no existing indication of its being an aneurism, and could only conclude that, the diagnosis being assumed to have been correct, it was a case of spontaneous cure. In fact, he thought that the tumor could only be accounted for upon the supposition of its being a cured aneurism.

Chloroform to the Spine in Spasmodic Disorders.

The *Pacific Med. and Surg. Journal* says:—“We have already called the attention of our readers to the proposed treatment of tetanus by local anaesthesia of the spinal column. In tetanus and convulsive diseases, the inhalation of chloroform nearly always succeeds in giving temporary relief, but the relief vanishes with the suspension of the remedy, and the suspension is necessary to prevent the remedy from fatally overpowering the brain. As a substitute for general anesthesia, several writers have suggested the application of chloroform to the spine, by means of strips of muslin saturated with the liquid, and covered with oiled silk to prevent evaporation. The local anaesthesia thus produced may be kept up indefinitely without danger, and as the spasm to be relieved depends on reflex action from the spinal cord, it is contended that the full purpose of the anaesthetic agent can be accomplished by this mode. A case of traumatic tetanus treated in this way is reported in the *Humboldt Medical Archives* by Dr. PRANCY L. ROONEY, of St. Louis. The patient had tried ice to the spine, and various other means, without relief, and the disease was well advanced when the chloroform treatment was instituted. Signal relief, however, was afforded, and comfortable sleep secured for a time. But it appears that the agent was not applied *constantly*, and that the paroxysms were allowed to recur in the intervals of the application; and this, together with the exhaustion which had taken place before the treatment was instituted, rendered the trial incomplete, and was ineffectual in saving life. The editor of the *Archives* takes this view of the case, and mentions two instances of violent convulsions in his charge, controlled and cured by the spinal application, after unsuccessful inhalation. Traumatic tetanus is of frequent occurrence, and so generally fatal under ordinary treatment as to give interest to any plan which offers a hope of cure. We take the liberty of enumerating the means which the present status of therapeutic knowledge on this head presents as worthy of trial.

1. Chloroformization of the spinal cord, *uninterrupted*.
2. Hypodermic use of morphia, as an adjuvant.
3. Spray of ether or of rhigolene to the spine.
4. Ice and salt to the spine.
5. Calabar bean.

The Calabar bean (*Physostigma venenosum*) has obtained some celebrity of late in the treatment of chorea and other spasmodic disorders,

and a case of tetanus successfully treated by the bean, in conjunction with morphia, is mentioned in the last number of this *Journal*. And though we have little confidence in it as a remedy for tetanus, it should have a trial, by all means, in conjunction with spinal anesthesia and other agents.”

Reviews and Book Notices.

The Medical Formulary: Being a Collection of Prescriptions derived from the Writings and Practice of many of the most Eminent Physicians in America and Europe, together with the usual dietary preparations and Antidotes for Poisons; To which is added an Appendix on the Endermic use of Medicines, and on the use of Ether and Chloroform. The whole accompanied with a few brief Pharmaceutical and medical observations by BENJAMIN ELLIS, M. D. Twelfth edition, carefully revised and much improved, by ALBERT H. SMITH, M. D. Philadelphia: H. C. LEA, 1868. 1 vol. cloth. 8vo., pp. 374. Price \$2.50.

After such a title as this—which serves equally well for a table of contents—it were needless to state what ELLIS' Formulary is, even if it was not the twelfth edition before us. As a formulary, it is second to none in the market, and for years has been a deserved favorite with the profession.

Dr. SMITH has added considerable new matter on disinfectants, atomized fluids, antemetics, anesthetics etc., which enhances materially the value of the work, and has also appended an index of diseases, which to those who rely on such books will increase its convenience.

Formularies are valuable to teach the proper form and proportions of prescriptions, to remind the busy practitioner of various resources which may escape his memory, to give the doses and forms of new and rare remedies, and to teach exactness and elegance in the composition of recipes; but, when they take the place of books of practice they are injurious to the doctor and a bane to science.

The Opium Habit, with Suggestions as to the Remedy. New York: HARPER & BROTHERS, 1868. 8vo. pp. 335.

There is little that is original in this volume, and it is composed rather with the scissors than the pen. The first seventy-seven pages profess to be the author's own experience in a successful attempt to renounce opium. It is the usual, familiar, and as far as general application goes, overdrawn and untrue picture. The rest of the book is culled from the writings of DeQUINCY, COLERIDGE, Dr. LUDLOW and others, men who

wielded practiced pens, had vivid fancies, and wrote to astonish and horrify the public. Their opinions either of the pleasures or the pains of opium, or of the difficulty in breaking the habit, are not endorsed by the general experience of physicians. Opium, like intoxicating drinks, is extremely perilous to a few, but may be taken by the majority, in moderation, without any greater danger than brandy, nor as a rule is it so difficult to break the habit as is reported by magazine writers. This opinion has lately been forcibly urged by Dr. MARCET, of London, and so far as our observation extends, which includes a number of cases, his view is correct.

Still, this or any publication which would lessen the consumption of opium by persons in health should be welcome,—if indeed such publications do have such an effect.

The Science and Practice of Medicine. By Wm. AITKEN, M. D., Edin. Second American, from the Fifth enlarged and carefully revised London Edition; with large additions by MEREDITH CLYMER, M. D. In two volumes. With a map, lithographic plate, and numerous illustrations on wood. Vol. II. Philadelphia: LINDSAY & BLAKISTON. 1868. Price of the two vols., \$12.00.

The first volume of this excellent compendium of practice we have already noticed, and specified many of the additions of the American editor, which lend it a peculiar value for the practitioner in this country. In all, these additions would amount to over five hundred pages of the London edition.

The present volume treats of constitutional diseases, as rheumatism, gout, diabetes, asthma, scrofula, etc.; local diseases, as meningitis, chorea, epilepsy, mental alienations, paralysis, thoracic, cardial, and bronchial complaints, diseases of the abdomen and contained viscera, urinary disorders and diseases of the skin. The fourth part is upon medical geography, malaria, and acclimation.

The index is very full, and carefully arranged, and the general typographical appearance of the book good.

A Treatise on Physiology and Hygiene; for Schools, Families, and Colleges. By J. C. DALTON, M. D. With Illustrations. New York: HARPER & Bros. 1 vol., cloth, 8vo., pp. 399.

Of the very many Physiologies for schools which are on the market—we saw it recently stated that about seventy had appeared during the last eight years in this country—this by Dr. DALTON is the best, so far as we have examined them. The illustrations are excellent, the language simple and clear, the facts given neither

too shallow nor too minute, and the arrangement judicious. We are glad that so thorough a master of the subject has given the time to making it comprehensible to all, for it is in the ignorance of the great laws of physiology and hygiene, that quacks, homeopaths, and their kindred spirits find the means of imposing on the public.

Lectures on the Study of Fever. By ALFRED HUDSON, M. D., M. R. I. N., &c. Philadelphia: H. C. LEA. 1869. 1 vol., 8vo., pp. 316, cloth, price, \$250.

Fever is a difficult, dim, intangible subject to most medical students, and we fear to some medical practitioners. They never see the cases which the books describe, there is always some lack of correspondence which spoils their clearness of diagnosis.

The present work is intended to meet these difficulties. The author does not take up one fever, and then another, until he has gone through the catalogue. His method is quite different. He takes up one symptom after another, discusses it in its general forms, and then as it appears in one and another special disease. In this manner the absolute and relative importance of each is determined.

This, though to many readers it may seem a more difficult method than the clinical one, is certainly more scientific, and in the present volume will be found of solid practical advantage.

The style is that of Lectures now so popular in medical works, the subject having been originally presented in this form to the students of Meath Hospital.

Two Cases of Oesophagotomy for the Removal of Foreign Bodies: with a History of the Operation. Second edition, revised, with an additional Case. By DAVID CHEEVER, M. D., Adjunct Professor of Clinical Surgery in Harvard University, &c. Boston: JAMES CAMPBELL. 1868. 1 vol., 8vo., cloth, pp. 83.

This is a praiseworthy contribution to surgical literature, both in the matter and the manner it is brought forward. The operation it describes is one of great importance and altogether too much neglected. With proper care it is possible to reach the oesophagus by an external incision without injuring any important nerve, and without tying a vessel. Such being the case, it should always be resorted to in cases of the presence of foreign bodies which cannot be extracted by ordinary means. Yet only twenty-one cases are on record where this simple and useful procedure has been resorted to.

Dr. CHEEVER gives an account of his own cases, a history of the operation, and a statistical table. We hope his little work will be extensively read.

Medical and Surgical Reporter.

PHILADELPHIA, DECEMBER 5, 1868.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

48- Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

48- To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

PLAN FOR A MEDICAL ELEEMOSYNARY INSTITUTION.

Dr. JAMES FISHER, of St. Louis, proposes in one of the medical journals of that city a plan for an eleemosynary medical institution in response to the following resolution passed at the annual meeting of the American Medical Association held in Washington City in May last:

"Resolved, That a committee be appointed to take into consideration the subject of the best mode of providing a fund for the relief of the widows and orphans of deceased physicians, and report to the Association at the next meeting."

Dr. FISHER says:—"To meet the indication, I would suggest the erection, near one or more large cities where universities exist, and the most satisfactory educational facilities can be secured, an asylum or asylums for the support and education of the orphans, who shall be entitled to remain in them until they are qualified to enter any profession or employment that they may select, and take honorable positions in society. For matrons and instructors, as a matter of economy, I propose to employ the widows of physicians, competent for such positions, while the professors can be secured to instruct in the liberal sciences and professions. To carry the plan into effect, I would suggest the appointment of a National Central Committee, with powers of organization and general control of funds, and of establishments to be founded. Each State can appoint a State Committee, subordinate to the Central Board, whose duties will be to collect the dues from the profession in their several States, to decide upon all applications for the benefit of charity, to disburse the pensions allowed, after authorizations from the Central Board, and to provide for the expenses of travel and transfer to the institutions to be established. To raise the necessary funds for the work, I propose the assessment of \$3 as a *minimum*—of course there are many competent and liberal physicians who will give a larger amount—upon every regular practitioner who holds a license,

throughout the land. Of these it is estimated there are not less than 150,000, and that the amount secured from this source would be a half million dollars or more, with which the necessary grounds can be secured and the buildings erected, and the balance, if any, placed at interest in some safe investment. In addition to this, I propose an annual assessment of three dollars, the payment of which will entitle the family of the physician to the benefits provided. The appropriation of \$50,000 to defray the incidental expenses of the institution, would leave, say, \$250,000 for the support of the orphans, and a like amount to create and sustain a fund from which to pay pensions to the widows, who will be entitled to monthly or annual endowments, or one single sufficient endowment if such be deemed best."

We are glad that Dr. FISHER has suggested a plan for so worthy an object. It may lead to a discussion of the subject which will tend to aid the committee in the discharge of its duties. It is unfortunate, however, for Dr. FISHER's plan, that he bases his calculations on wrong premises. His income is proposed to come from an assessment of \$3—as a *minimum* amount—upon every regular practitioner of medicine who holds a license, and he estimates these at "not less than 150,000 in the United States. The problem would be very easy of solution on this plan, provided the amount assessed could be collected, which, we think would be found to be very difficult, not to say impossible. But, Dr. FISHER's estimate of the regular physicians in the United States is very wide indeed of the mark. Some years ago Dr. CHARLES D. MEIGS—we believe it was,—of this city, estimated the regular physicians in the United States at about 40,000 as a maximum number. We doubt whether the "regular, irregular and defective" doctors in the country all told would reach 60,000, which would give one "doctor" to less than every 700 of the population. By the last census they were put down at 55,000. There is not, therefore, a basis of over 50,000 regular physicians to build the calculations on. To procure a fund of half a million dollars from them, an assessment of ten dollars would have to be made.

— In the Berlin Academy of Military Science attendance on lectures on the sanitary and hygienic conditions of armies has this winter been made obligatory.

Notes and Comments.

Two Hundred-Dollar Doctors.

HENRY WARD BEECHER thus discourses about doctors:

Nothing is more needful than a reform in our medical schools. Only think of dragging students through two or three years of lectures and study, to do what can be done for them in *three months!* Read the following genuine letter, and see what a man can do.

"DEAR SIR:—I take the liberty of writing to you to inquire if you know anything of Professor ——, and of the —— Medical University. I wrote to Professor —— asking him his terms, and he has replied, telling me that he can fit me for the practice of medicine in three months, charge \$200. I desire to study medicine that I may be enabled to lessen some of the suffering that I see about me, and as there is no one in New York whom I know personally, I thought I would write and ask you whether I can depend upon what Mr —— has written me, and if the graduates of the —— Medical University are able successfully to practice the profession of medicine. I will feel deeply indebted to you for any information relative to the above."

This school, or University, as it is styled, is too obscure. A man who can in three months' time qualify a novitiate to practice medicine, ought not to hide his light as Professor —— does. Who is he? Where has he studied? What is this surely divine art of teaching? Can we not overcome the modesty of this genius, and send to him the thousands of medical students that are now spending two or three years in this expensive city under prosy professors, who do not dream of turning out a complete practitioner in medicine in less than six or eight years!

There are eccentric and somewhat out-of-fashion doctors who pretend that there ought to be some regard to moral principle in medical practice; to whatever school a man belongs they hold that he should become thoroughly acquainted with the whole human system—with its laws and functions, with its morbid as well as normal conditions; that he should be familiar with the whole range of material agents, and with the results of the largest and wisest experience in the use of them; that he should study with minute care and diligence questions of temperament, habit, constitution; and, in short, that he should include an amount of knowledge of which the merest elements could not be gained in less than three years.

If you wish to be *such* a doctor, you had better give a wide berth to such fellows as Professor ——, and betake yourself to established medical institutions; and make up your mind that it will require more than three months, or three years to make a doctor unto life. A doctor unto death can be fitted up in far less time.

Jail Fever at Farnopol.

Our county grand juries have for years complained of the crowded condition of Moyamensing prison, and have likewise recommended the erection of a House of Correction.

As fear is a more potent agent, "to the general," than reason, we beg leave to contribute a metaphorical brick towards the construction of the latter institution, by presenting a few data from the report of Dr. LEIBLINGER (*Wiener Med. Wochenschrift*, No. 54, 1868.)

The imperial prison at Farnopol, is arranged for the proper accommodation of 200 inmates, but last year 380 were suddenly crowded into it. The result was an epidemic of typhus, which ranged from November 1867 until March 1868. The following figures speak for themselves.

| | Admitted. | Cured. | Died. |
|------------|-----------|--------|-------|
| Nov. 1867, | 143 | 82 | 4 |
| Dec. " | 107 | 80 | 16 |
| Jan. 1868, | 57 | 55 | 16 |
| Feb. " | 19 | 63 | 10 |
| Total | 326 | 280 | 46 |

| Males. | Deaths. | Females | Deaths. |
|--------|---------|---------|---------|
| 313 | 43. | 13 | 3. |

Percentage of deaths 16.00. Kraft mentions 30.00, and CHRISTESER 50.00, in other epidemics. A few of the convicts carried wood in the morning, and were struck dead, as if by lightning, in the afternoon, with the so-called typhus siderans; others had sudden intestinal perforation, from typhus lentescens, ambulatorius. Chlorine was used for disinfection, and all cast iron stoves were kept moist with vinegar.

Fortunately the disease did not spread beyond the prison walls; but this could scarcely be hoped for should the terrible scourge visit our jail, situate as it is in a thickly settled portion of the city.

H.

Homœopathic Courtesy.

A homœopathic correspondent in England writes us that our notice of an imperial ukase forbidding the practice of homœopathy in Russia "is an extensive and interesting LIE." He signs himself ALFRED C. POPE, M. R. C. S. Eng. (?), and he will, no doubt, be glad to see his correction thus appear in his own words, over his own name,—if correction it be.

Correspondence.

DOMESTIC.

Phthisis Pulmonalis.

EDITORS MEDICAL AND SURGICAL REPORTER:

I have for the last two months and a half treated a hopeless case of the above disease with a combination of remedies which, singly, already enjoy a reputation in the cure of tubercle. The result has been a decided delay in the process of destruction, though from the gravity of the case I can cherish no hope of ultimate recovery. As I have no opportunity for a more extensive trial of the prescription at present, I will be thankful if you will give it to the profession through the columns of your valuable journal; when, as the ingredients are already favorably known, the combination may receive a proper trial.

The prescription is as follows:

R. Tinct. cimicifugæ, f.ʒ v.
Olei Fusel. f.ʒj.
Spiz. Frument. f.ʒ xv.

Sig. Dose f.ʒss. thrice daily.

In addition, a perforated (or "porous") pitch plaster has been worn, and the patient, at his own instance, uses tar confectiones *ad libitum*.

A. A. H.

Coal-Oil in Phthisis.

EDITORS MEDICAL AND SURGICAL REPORTER:

Please suggest through your valuable journal, as a request of a subscriber, a trial of Coal-oil as a remedy in consumption.

I have used it during the past year, and with what I consider to be, good results.

I give it in tea-spoonful to dessert-spoonful doses, three times a day, persevered in for weeks.

Probably benzine, or other carbon oils, would do as well, but I have never tried them. I would like to have others use it, and hear through your journal with what success.

C. H. WILES, M. D.

Vernon, Ind.

— A French journal relates the case of a young Romeo who became deaf and dumb from disappointment in love; but recovered both speech and hearing when rescued from a pond where he had flung himself in an attempt at suicide.

[~~DS~~ Readers of the REPORTER are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."]

News and Miscellany.

Prof. Ehrenberg.

This distinguished microscopist lately celebrated his "jubilaum,"—his 50th anniversary as Doctor of Medicine. A Committee of the American Pharmaceutical Association were entrusted with preparing an address to Professor EHRENBURG, and furnished the Secretary with the following letter, which was engrossed in the English and German languages, sent to Berlin, and presented to the venerable savant on the fifth day of November last:

"To Professor DR. CHRISTIAN G. EHRENBURG,
Privy Councillor, etc., Berlin, Germany.

"Honored Sir:—The celebration, on the 5th of November next, of the fiftieth anniversary of your promotion to the Doctorate in Medicine, which affords you the rare felicity of a retrospect of a long and praiseworthy life, gives occasion to the scientific and medical associations likewise to take a retrospective view of the great and lasting results which have flown from your earnest researches after the profound in scientific truth, and of the unceasing industry with which you have labored, during half a century, in the cause of Natural History; more particularly, in the exploration of the invisible microcosm, and in the establishment of the evidence of the influence of that organic creation in the development of the present condition of the earth's surface, and on the whole organic life in nature.

"Filled with admiration for your numerous researches, for your great success in overcoming the immense difficulties that have beset your pathway, for your just and unbiased discernment, and for the masterly description and graphic representation of your researches and discoveries, the educated of all countries remember you on this your day of honor, and present you their grateful acknowledgments, and their sincere felicitations, that it is accorded to you, in the evening of a life actively dedicated to the investigation of nature, to look back upon the road travelled, and to receive the congratulations of your contemporaries.

"The American Pharmaceutical Association, uniting the pharmacists and druggists of North America in their efforts for the advancement of their profession and of science, at the 7th session of its 16th annual meeting, held in Philadelphia on the 11th day of September, 1868, has unanimously resolved likewise to present you the felicitations of the entire Association on your day of honor, and has entrusted the undersigned Committee to carry out this resolution. The Committee accomplishes this duty with the greater pleasure, as it has reason to presume that the expression of esteem, veneration and interest will be acceptable from afar, and especially from a country wherein German scientific research has ever been recognized and appre-

ciated, and where German industry and profoundness finds a lasting and beneficent home.

"May God preserve and protect you!"

"FREDERICK HOFFMAN, Pharmacist in New York, Chairman of the Committee. WILLIAM PROCTOR, JR., Pharmacist in Philadelphia. JOHN M. MAISCH, Pharmacist in Philadelphia."

We are glad that this fit testimonial was sent to the venerable naturalist, and add our wishes to those of the Committee, that he may yet live many useful years.

Iodine and Iron Alum Water.

The following is an analysis of a spring in Virginia recently discovered.

| | |
|---|---------|
| Solid contents of a gallon of water, 105.149 grains | 5.330 |
| Sulphate of lime..... | 6.220 |
| Sulphate of magnesia..... | 22.250 |
| Sulphate of iron..... | 30.465 |
| Sulphate of alumina..... | 1.580 |
| Sulphate of potassa..... | .216 |
| Sulphate of soda..... | 3.022 |
| Chloride of sodium..... | .874 |
| Iodide of sodium..... | .850 |
| Crenate of iron..... | .820 |
| Crenate of ammo..... | .641 |
| Phosphate of iron..... | .302 |
| Free sulphuric acid..... | 29.376 |
| Free carbonic acid, (est.)..... | 3.506 |
| Organic vegetable matter | .703 |
| Grains..... | 105.149 |

Signed,

WILLIAM E. A. AIKIN, M.D., LL.D.,
Prof. of Chemistry of University of Md.

Cretinism.

According to a recent official return, cretinism is by no means on the decline in Switzerland. The cases of this sad and mysterious disease at the beginning of this year, among a population of 2,032,119 in the nineteen cantons of Switzerland, amounted to 3,431, and it further appears that there were at the same period 6,258 cases of insanity; thus showing that there is one mentally diseased person to every 202 inhabitants in that country.

Dr. Arthur E. Petricolas.

Dr. ARTHUR E. PETICOLAS, Superintendent of the Eastern Lunatic Asylum at Williamsburg, committed suicide there on the morning of Nov. 28th, by leaping from a window of the building, and dashing out his brains. He was a distinguished physician, and formerly a professor in the medical college at Richmond. His mind had been unsettled for some time past.

— Steps are being taken for the erection of a hospital in Jersey city.

The Government Schools of France.

The Minister of Public Instruction last year charged M. VERNOIS with the mission of inspecting the *lycées* of the empire in respect to their hygienic condition, and of reporting to him on their salubrity. The principal parts of this report have just been published, and are summed up by *L'Union Médicale*. The report is of great interest. The number of *lycées* in France is 78. The number of resident pupils is 17,722; with the outdoor pupils entrusted to the universities, it exceeds 30,000. The number of resident officials exceeds 3,196. As to situation, eighteen are shut in, four are "particularly humid," seven in a hole. As to isolation, seventeen are over water-courses and rivers; twelve near a barrack; eleven near a hospital; three near a large manufactory; fourteen under special conditions of insalubrity, such as being built over subterranean sewers, cesspools, or cemeteries. As many as thirty-three of the *lycées* are overcrowded. The infirmaries are generally well served, but not always well arranged. As a rule, however, the lads in these establishments are, in M. VERNOIS' opinion, less liable to attacks of such epidemics as cholera, typhus, etc., than those in private schools; for, on the whole, they are better looked after. The report terminates with a recommendation for extensive and sweeping reforms, such as the enlargement of the buildings of thirty-two of the schools; the total reconstruction of eleven; the remodelling of thirty-nine infirmaries; the formation of bathing-rooms in ten, and the remodelling of those which exist in ten others; the increase of closets in twenty-one schools, and of the warming apparatus in forty-three others. In short, with every desire to make things agreeable, and while using everywhere the most gentle and honeyed words and abundant reservations, M. VERNOIS' report indicates extensive and wide-spread deficiencies, which call for active intervention, and which are among the manifest evils of an excessively centralized system of schools.—*Brit. Med. Journal.*

A Clerical Surgeon.

Father HEYLEN, a catholic priest of Boom, in Belgium, performed the Cæsarian operation on a young woman in order to baptize the infant before it died. The mother appears to have been living when the operation was commenced, but both mother and child succumbed. In his defence the priest said that he performed the operation in obedience to the direct instructions of the archbishop. These instructions are

now to be cancelled, and the clerical surgeon tried for murder.

Cholera.

Dr. PINCUS, on the cholera in the city and circuit of Insterburg in 1866, says, (*Berl. Klin. Wochenschrift* No. 27, 1868):

1. The disease is favored by a low situation of towns and houses; by uncleanly habitations and the collection of human and animal excrements in streets and yards.

2. The cholera is carried from place to place by diseased persons and infected effects. Funeral ceremonies in the rural districts are a rich source of infection.

3. The early treatment of light diarrhoea and cholera morbus restricts the spread of the epidemic.

Ptyalism.

Dr. AHRONHEIM (*Deutsche Klinik*, No. 35, 1868,) presented before the Berlin Medical Society, on March 30th, 1868, two cases of chronic salivation in children; caused by the careless application of ung. hydrarg. to their bedsteads for the destruction of vermin.

Dr. BEER at the same time called the attention of the Society to a woman, set. 40 years, and unmarried, who had not menstruated in four months and was affected with ptyalism. An acrid saliva continually flowed from her mouth. Evident signs of pregnancy were not present, but most of the gentlemen were of opinion that the symptom was attributable to that cause.

The Central Lunatic Asylum of Columbus was burned on Wednesday, November 19. Several patients perished in the flames. Dr. PECK and his assistants, male and female, acted well, being unusually cool and sensible in this most trying emergency.

A scientific discovery is reported from Turin, where Professor CASTURANI, the celebrated oculist has found a way of killing animals by forcing air into their eyes a few seconds, and almost without causing them pain. Experiments were recently made at the Royal Veterinary School, and it is said that they have fully proved the truth of the professors invention. Within the space of a few minutes four rabbits, three dogs, and a goat were killed in this manner. The most remarkable fact is that the operation leaves absolutely no outward trace.

The *Canada Medical Journal* has secured the services of Dr. WILLIAM BAYARD, of St. Johns, N. B., as corresponding editor.

In the streets of London, during the year 1867, 164 persons lost their lives through injuries received from wagons and horses. Of these, 49 were under 10 years of age, and 30 were over 60 years of age.

Mr. SLOMAN has just been acquitted of the charge of criminal neglect in fitting out the ship Leibnitz. He attributed the death of the forty children to an epidemic of measles, which became very virulent on board.

The Academy of Sciences of Paris has received the sum of 60,000 francs, the interest of which will every third year be offered as a prize for the best essay on embryology. M. SERRES was the judicious donor.

It is proposed by the New York Medical College for Women to educate a body of professional nurses to attend freely, or for a moderate charge, persons living in boarding-houses and like places, who are not able to secure regular attendance.

Dr. COHNHEIM, VIRCHOW's assistant in Berlin, has been appointed Professor of pathological anatomy at Kiel; Dr. HERMAN, of Berlin, professor at Wurzburg, and Dr. FISCHER, of Berlin, professor of Surgery at Breslau.

The Medical Alumni Association of Victoria College met at Toronto Oct. 1st. It continued in session two days, and was engaged with matters of professional importance; certain charges had been preferred against several members of the body, of having been guilty of irregular practices, and some interest was felt by the Alumni respecting the course which should be pursued regarding such individuals. The attendance was therefore very good.

Dr. PARKER, M. P., of Guelph, Ontario, died at Guelph, on Saturday the 24th of October, from the effects of injuries sustained by falling through a bridge upon the railway along which he was walking homeward at night after visiting a patient. The unfortunate gentleman lay all night unable to procure help, with a compound fracture of the femur, beside other and internal injuries. There was hope of his recovery at first, but too soon fatal symptoms presented themselves. Dr. PARKER acquired his education in the arts department of Victoria College, and Jefferson Medical College, Philadelphia. He was known as a successful practitioner, and was the means of carrying through, if not the author, of the present Medical Act of the Province of Ontario.

